CHURCH OF ST. ANASTASIA PARISH REGISTRATION FORM

Registration Nbr	(Office use)	Envelope Nbr(Off	ïce Use)	Date:		
Head of Household:_	First Name	Last Name		Maiden Name (if applicable)		
pouse Name:	First Name	Last Name		Maiden Name (if applicable)		
Address:	Street	Town	St	Zip Code		
elephone Numbers:	Home	Work		Cell		
E-Mail Address		Language spoken at	home	Second Language		

	Name	Date of Birth	Male/ Female	Baptism yes/no	Communion yes/no	Confirmation yes/no	Marital Status	Date of Marriage	Occupation or name of School
Head of Household									
Spouse									
Children									
Children									
Children									
Children									
Other family members									
Other family members									